

DO NOT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

(SPACE BELOW RESERVED FOR ASRS Date/Time Stamp)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return strip.
NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence

HOME Area _____ No. _____ Hours _____

WORK Area _____ No. _____ Hours _____

Name _____

TYPE OF EVENT/SITUATION _____

ADDRESS/PO BOX _____

DATE OF OCCURRENCE _____

CITY _____ **STATE** _____ **ZIP** _____

LOCAL TIME (24 hr. clock) _____

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION

REPORTER

In what type of facility do you work? ☐ Tower ☐ Approach ☐ Center ☐ FSS Facility ID _____

Describe your ATC qualifications. ☐ FPL ☐ Developmental Time certified on position/sector: _____ yrs/mos

What is your ATC experience in years? radar _____ limited radar _____ non-radar _____ military _____ supervisor _____

What was your control position or activity during the occurrence? (check all that apply for combined position)
☐ radar ☐ local ☐ arrival ☐ clnc delivery ☐ pre-flight ☐ supervisor
☐ hand-off ☐ ground ☐ departure ☐ coordinator ☐ in-flight ☐ monitor
☐ radar assoc ☐ assistant ☐ data ☐ manual ☐ flight watch other _____

Was instruction a factor? ☐ I was instructing ☐ I was receiving instruction ☐ yes ☐ no

Do you have pilot experience? ☐ no ☐ yes, _____ hours ☐ instrument rated

AIRSPACE

WEATHER

LIGHT/VISIBILITY

| | | | | | |
|---|---|-----------------------------------|---------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> CLASS A (PCA) | <input type="checkbox"/> Special Use Airspace | <input type="checkbox"/> VMC | <input type="checkbox"/> ice | <input type="checkbox"/> daylight | <input type="checkbox"/> night |
| <input type="checkbox"/> CLASS B (TCA) | <input type="checkbox"/> airway/route | <input type="checkbox"/> IMC | <input type="checkbox"/> snow | <input type="checkbox"/> dawn | <input type="checkbox"/> dusk |
| <input type="checkbox"/> CLASS C (ARSA) | <input type="checkbox"/> unknown/other | <input type="checkbox"/> mixed | <input type="checkbox"/> turbulence | ceiling _____ feet | |
| <input type="checkbox"/> CLASS D (Control Zone/ATA) | | <input type="checkbox"/> marginal | <input type="checkbox"/> thunderstorm | visibility _____ miles | |
| <input type="checkbox"/> CLASS E (General Controlled) | | <input type="checkbox"/> rain | <input type="checkbox"/> windshear | RVR _____ feet | |
| <input type="checkbox"/> CLASS G (Uncontrolled) | | <input type="checkbox"/> fog | <input type="checkbox"/> _____ | | |

AIRCRAFT 1

AIRCRAFT 2

| Type of Aircraft | (Make/Model) _____ | (Make/Model) _____ |
|--|---|---|
| Operator | <input type="checkbox"/> air carrier <input type="checkbox"/> military <input type="checkbox"/> corporate <input type="checkbox"/> commuter <input type="checkbox"/> private <input type="checkbox"/> other _____ | <input type="checkbox"/> air carrier <input type="checkbox"/> military <input type="checkbox"/> corporate <input type="checkbox"/> commuter <input type="checkbox"/> private <input type="checkbox"/> other _____ |
| Mission | <input type="checkbox"/> passenger <input type="checkbox"/> training <input type="checkbox"/> business <input type="checkbox"/> cargo <input type="checkbox"/> pleasure <input type="checkbox"/> unk/other _____ | <input type="checkbox"/> passenger <input type="checkbox"/> training <input type="checkbox"/> business <input type="checkbox"/> cargo <input type="checkbox"/> pleasure <input type="checkbox"/> unk/other _____ |
| Flight Plan | <input type="checkbox"/> VFR <input type="checkbox"/> SVFR <input type="checkbox"/> none <input type="checkbox"/> IFR <input type="checkbox"/> DVFR <input type="checkbox"/> unknown | <input type="checkbox"/> VFR <input type="checkbox"/> SVFR <input type="checkbox"/> none <input type="checkbox"/> IFR <input type="checkbox"/> DVFR <input type="checkbox"/> unknown |
| Flight phases at time of occurrence | <input type="checkbox"/> taxi <input type="checkbox"/> cruise <input type="checkbox"/> landing <input type="checkbox"/> takeoff <input type="checkbox"/> descent <input type="checkbox"/> Missed approach/GAR <input type="checkbox"/> climb <input type="checkbox"/> approach <input type="checkbox"/> other _____ | <input type="checkbox"/> taxi <input type="checkbox"/> cruise <input type="checkbox"/> landing <input type="checkbox"/> takeoff <input type="checkbox"/> descent <input type="checkbox"/> Missed approach/GAR <input type="checkbox"/> climb <input type="checkbox"/> approach <input type="checkbox"/> other _____ |
| Control status | <input type="checkbox"/> visual apch <input type="checkbox"/> on vector <input type="checkbox"/> on SID/STAR <input type="checkbox"/> controlled <input type="checkbox"/> none <input type="checkbox"/> unknown <input type="checkbox"/> no radio <input type="checkbox"/> radar advisories | <input type="checkbox"/> visual apch <input type="checkbox"/> on vector <input type="checkbox"/> on SID/STAR <input type="checkbox"/> controlled <input type="checkbox"/> none <input type="checkbox"/> unknown <input type="checkbox"/> no radio <input type="checkbox"/> radar advisories |

If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section.

LOCATION

CONFLICTS

| | |
|---|---|
| Altitude _____ <input type="checkbox"/> MSL <input type="checkbox"/> AGL | Estimated miss distance in feet. horiz _____ vert _____ |
| Distance and radial from airport, NAVAID, or other fix _____ | Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nearest City/State _____ | Was TCAS a factor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did Conflict Alert Activate? <input type="checkbox"/> Yes <input type="checkbox"/> No |

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46D and FAA Handbook 7210.3. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this postage free form as completely as possible, fold it, and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof you submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analyst can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

Thank you for your contribution to aviation safety.

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM
POST OFFICE BOX 189
MOFFETT FIELD, CALIFORNIA 94035-0189

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you might think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

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HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions

DESCRIBE EVENT/SITUATION, continued...

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

Extra page

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions